								1	Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO								107/8592					
Effective October 1, 2003									10	<u> 7                                   </u>	18510		
CLAIMS AS FILED - PART I								IALL E	NTITY		OTHER		
(Column 1) (Column 2)								PE [		OR	SMALL	ENTITY	
TOTAL CLAIMS			18					RATE	FEE		RATE	FEE	
FOR .			NUMBER FILED .		NUMBER EXTRA		ВА	SIC FE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			)				;	X\$ 9=		OR	X\$18=	÷	
INC	EPENDENT C	LAIMS	minus 3 =					X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT										OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							<u></u>	OTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II										•	OTHER	THAN	
_	(Column 1) (Column 2) (Column 3							MALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER		NUME PREVIO	BER	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	AMENDMENT	Minus	##	-Un	=	T <sub>x</sub>	\$ 9=	722	OR	X\$18=	- FEE	
	Independent		Minus	***		=	<b>—</b>	(43= .			X86=		
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
								145=	·	OR	+290=		
								TOTAL IT. FEE		OR ,	TOTAL ADDIT. FEE		
		(Column 1) (Colu								_			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ER USLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	44		=	, x	\$ 9=	1	OR	X\$18=		
	Independent		Minus	***		=	X	43=		OR	X86=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							45			+290=		
								45= ,		OR	TOTAL		
								T. FEE		OR ,	DDIT. FEE		
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST													
3 .		REMAINING AFTER AMENDMENT	·	NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	<b>s</b> t	•	=	X	9=		ОЯ	X\$18=		
	Independent	*	Minus	***		=	X	43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							_					
* If thntry in column 1 is less than the entry in column 2, write "0" in column 3.								45=		OR	+290=	·	
H	** If th "Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20." ****If the "Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3."								لــــــــــــــــــــــــــــــــــــــ	OR A	TOTAL ODIT. FEE		
		ber Previously Paid					ound in	th app	ropriate box	in colu	imn 1.		